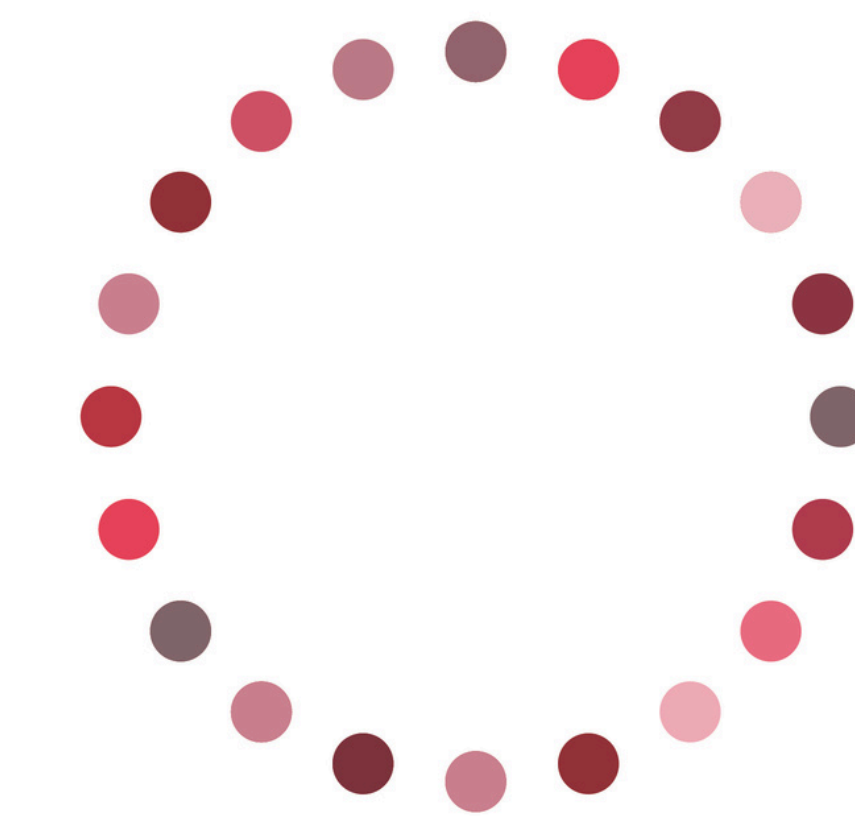


COMMUNITY PARTICIPATION IN HEALTH

INSIGHTS FROM THE RESEARCH STUDY



INTRODUCTION

1

The study is part of a larger research study titled Community Voices in Health Governance - Translating Public Participation into Practice in a World of Pluralistic Health System (COMPLUS).

LOCATION

2

COMPLUS is a multi-country study between Brazil, India and South Africa.

This sub-study is based in the Western Cape, South Africa.

3

A health system where both public and private healthcare providers operate within one system, with shared goals and policies. By integrating public and private health sectors, plural health systems seek to deliver more coherent, equitable, and accessible healthcare services.

A PLURAL HEALTH SYSTEM

4

Community participation is key in improving health system responsiveness, trust and ensuring that equitable services are provided to communities.

AIM OF THE STUDY



- Understand how community participation is currently practiced (i.e. how health committees function).
- Identify what helps or makes participation difficult.
- Explore how health committees currently engage with, or understand the NHI.

APPROACH



This was a study that used two methods to collect data.

A survey with health committee (HC) members (including 132 participants across Khayelitsha, Manenberg Cluster and Gugulethu Cluster) collected quantitative data.

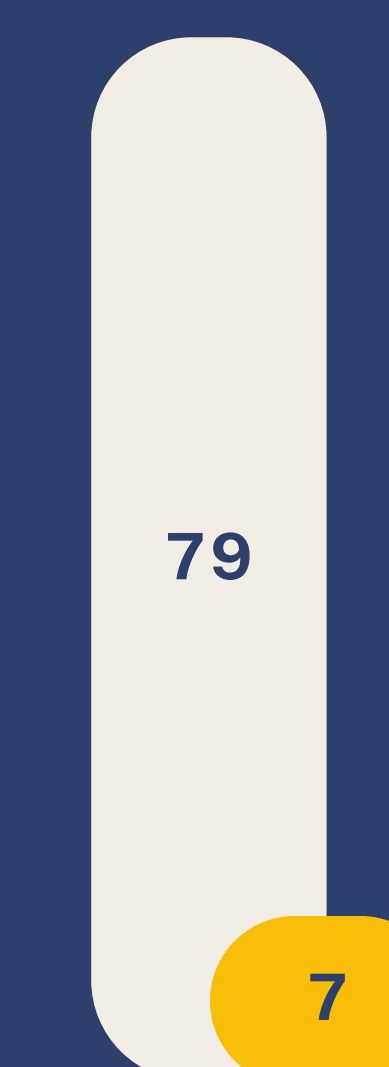
13 Focus Groups with HCs across all three sites collected qualitative data.

DATA COLLECTION

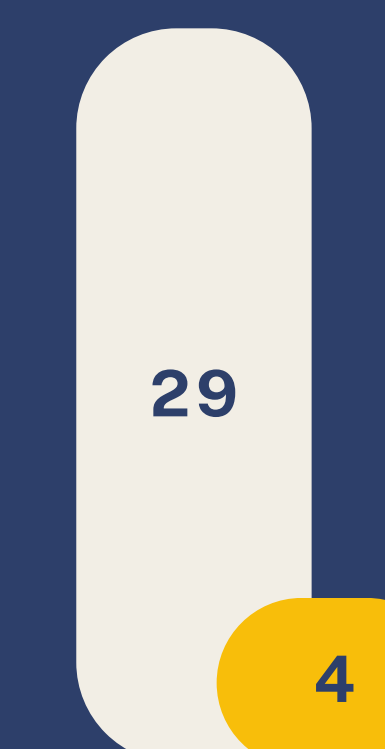
13 FGDS WITH HCS FROM KHAYELITSHA, MANENBERG AND GUGULETHU CLUSTERS

132 HC MEMBERS ANSWERED A SURVEY WHICH HAD 75 QUESTIONS

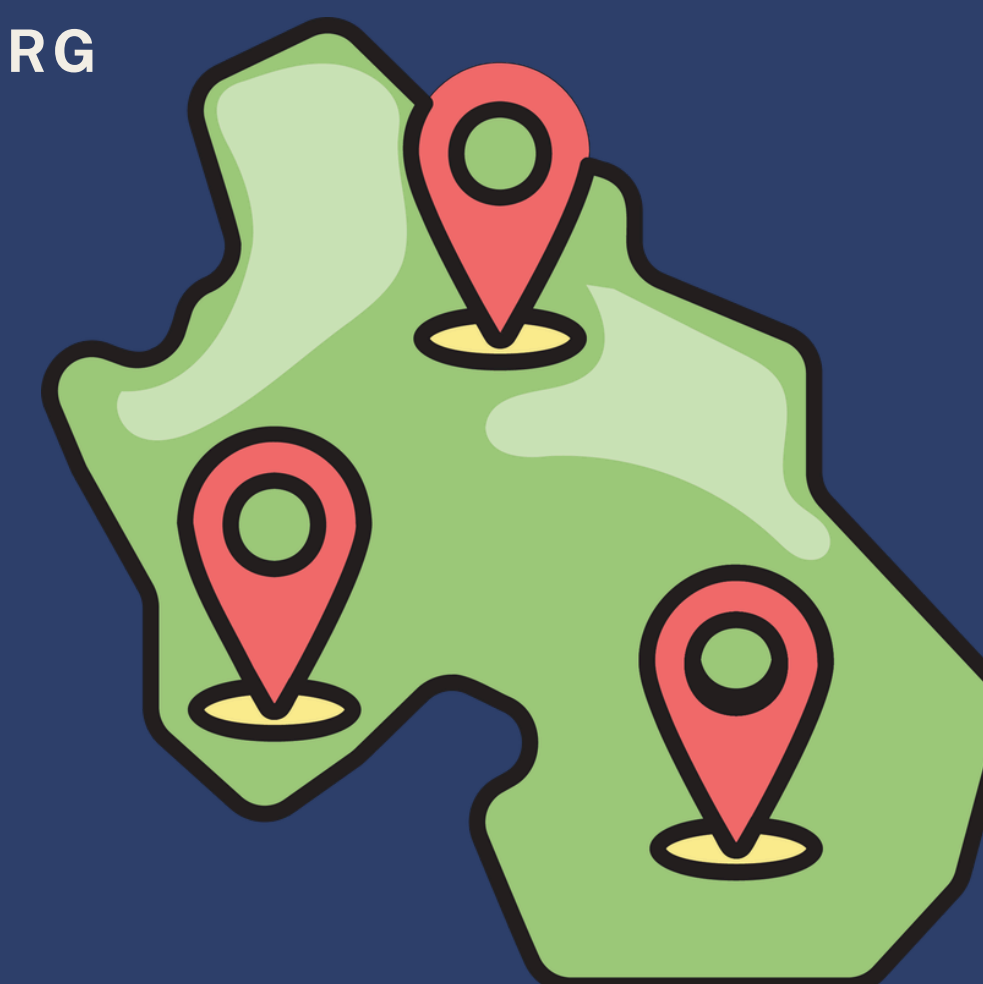
KHAYELITSHA



MANENBERG ,
HANOVER PARK,
ATHLONE



GUGULETHU
NYANGA,
CROSSROADS



Data were collected from 98 women and 34 men.

Participants ranged in age from 19 to 72, with most in their 40s.

“

WE DO THIS BECAUSE THE
COMMUNITY DEPENDS ON US, EVEN
WHEN THE SYSTEM DOESN'T

”

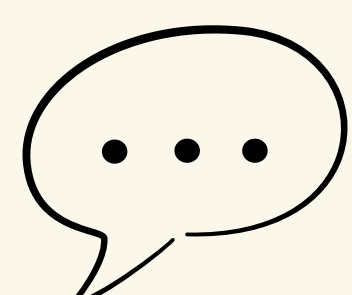


FINDINGS: THEMES FROM THE DATA

CURRENT ROLES OF HC MEMBERS



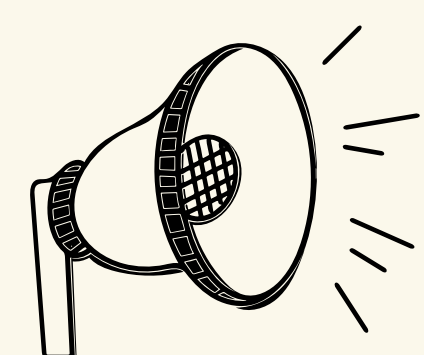
Community awareness and education



Raising concerns, complaints management

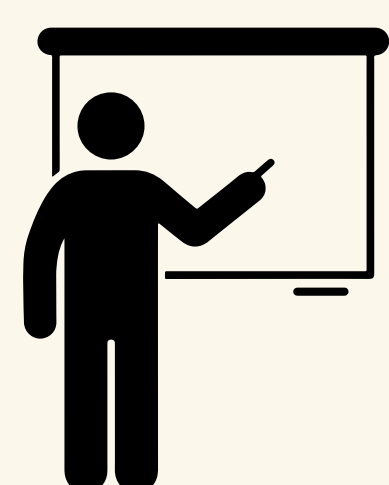


Support during crises: Covid-19



Advocacy and speaking up for the community

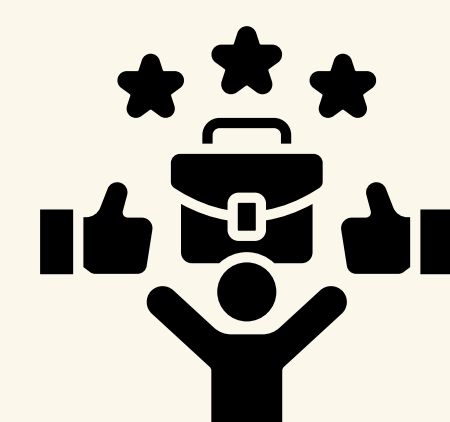
SUPPORTS FOR COMMUNITY PARTICIPATION



Training and capacity building



Collaborative relationships

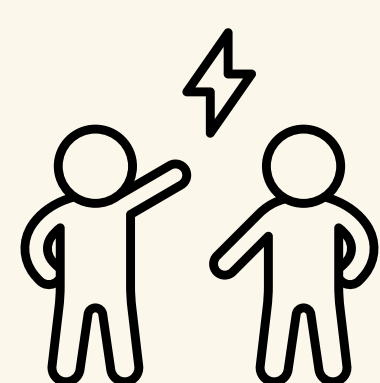


Incentives



Recognition

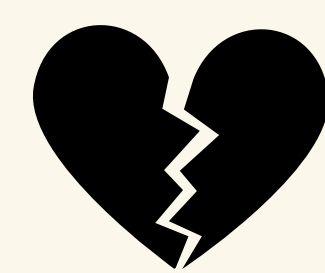
BARRIERS TO COMMUNITY PARTICIPATION



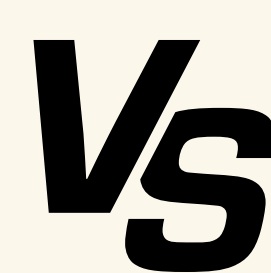
Inter-committee and internal conflicts



Lack of recognition



Strained relationships

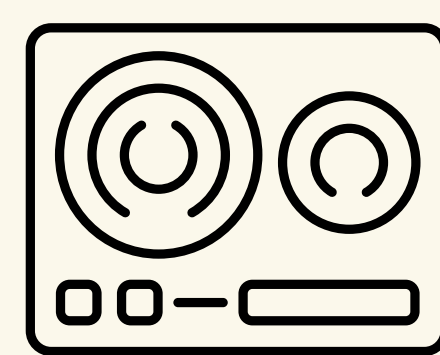


Appointed vs independent committees

NEED FOR CAPACITY BUILDING AND STRUCTURAL SUPPORT



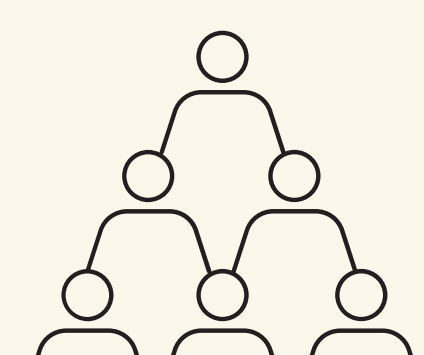
Limited understanding of government policies and frameworks



No standardised inductions for incoming HC members



Need to clarify HC roles for effectiveness



Ensure sustainable support structures

FINDINGS: THEMES FROM THE DATA

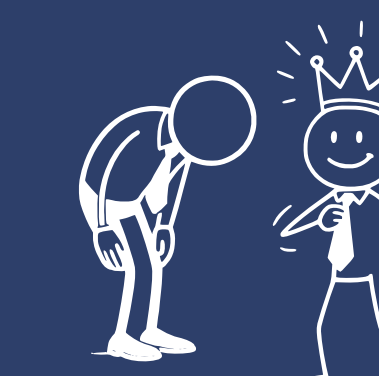
TRUST, LEGITIMACY, POWER DYNAMICS



Weakened trust when HCs are not recognised



Representation on HCs need to reflect broader community diversity



Unequal power distribution amongst health staff and HC members



Appointed Health Committees are sometimes seen as government-driven, while Independent Health Committees view themselves as more legitimate in the eyes of the community.

LIMITED AWARENESS AND UNDERSTANDING OF THE NHI



Low awareness and understanding of the NHI



Weakened voice makes it hard for HCs to contribute meaningfully, and advise their communities



Missed Opportunity: HCs are less able to influence NHI planning that affects local clinics



Need for clear training on the NHI

OPERATIONAL INVOLVEMENT WITHOUT DECISION-MAKING POWER



Gaps exist in HCs inclusion in decision-making



Participation is operational rather than strategic



HCs are supportive agents, not governance actors



IF WE ARE NOT PREPARED, HOW CAN WE HELP THE COMMUNITY UNDERSTAND AND BENEFIT FROM THE NHI?



RECOMMENDATIONS

GENERAL

- Provide more targeted training (on the NHI, Ideal Clinic Manual)
- Provide resource support, e.g. transport
- Provide role clarity between appointed and independent committees

POLICY LEVEL

- **Clear Roles:** HC roles and rules need to be made standard and clear for everyone
- **Official Voice:** HCs should have a formal place in the new NHI system's decision-making
- **Proper Training:** Members should receive funded, consistent national training to build their skills
- **Community-Chosen:** Members should be selected by the community, not politicians, to ensure they truly represent communities
- **Dedicated Budget:** Committees should receive their own funding for transport, materials, and activities
- **Public NHI Education:** Nationwide campaign should explain the NHI so HC members and communities understand it

RECOMMENDATIONS

FACILITY AND SUB-DISTRICT LEVEL

- **Regular, Official Meetings:** Health committees and facility managers must meet regularly with set agendas and a way to track feedback
- **Staff Training on Committees:** Hospital/clinic staff should be trained to understand, respect, and properly collaborate with HC members
- **Support for Participation:** Members should receive practical support (transport, airtime, supplies) to attend meetings and do their work
- **Joint Problem-Solving:** Create direct channels for committees, facility managers, and district officials to solve problems together

“ I FEEL LIKE THIS COMMITTEE IS JUST WINDOW DRESSING ”

